LETTER OF SUPPORT

Clinton Health Access Initiative (CHAI) & Murdoch Children’s Research Institute (MCRI)  
Access to Medical Oxygen 100&Change Proposal  
20 November, 2020

Dear MacArthur Foundation Board,

It is with a sense of urgency that the Every Breath Counts Coalition supports the CHAI/MCRI 100&Change proposal to increase access to medical oxygen in India, Nigeria, Ethiopia, Uganda and Kenya.

Together, these five countries not only account for 9.2 million (17%) of all confirmed COVID-19 cases,¹ but they are also home to two million (40%) of all maternal, newborn and child deaths.² Large segments of all of these patient populations currently depend on access to medical oxygen to survive.

With respect to the pandemic, while it is vital that new vaccines, diagnostics and therapeutics are developed, it is access to medical oxygen and related technologies (e.g., pulse oximetry) that are needed now to help reduce case-fatality rates, especially in the lowest resource settings.

New estimates suggest that the daily oxygen need for COVID-19 patients alone in these five countries is two million cubic meters or 280,000 large cylinders.³

At the same time, closing oxygen access gaps will help these countries achieve the Sustainable Development Goals (SDGs) for maternal, newborn and child survival (SDGs 3.1, 3.2), for communicable (SDG 3.3) and non-communicable diseases (3.4), and for road traffic accident deaths (3.6), as oxygen is a critical treatment in all of these areas.

CHAI and MCRI are extremely well-positioned to support the five target countries to close oxygen access gaps. Much of the evidence base for medical oxygen’s impact on health outcomes in low resource settings is being generated by MCRI, and CHAI has one of the strongest track records of supporting LMIC governments to transform access to essential medicines, especially for pneumonia and diarrhea, leading killers of children under five.⁴

Oxygen is also an essential medicine, but decades of underinvestment have left LMIC health systems without the infrastructure or the human capital needed to routinely provide medical oxygen.

² Global Burden of Disease, 2019.  
To meet the escalating demand for oxygen during the pandemic, LMICs are now expected to equip hospitals with oxygen in record time; procure and distribute technologies such as pulse oximeters and oxygen concentrators; and train healthcare workers and biomedical engineers to operate and maintain the equipment.

To date, the global coronavirus response has not provided significant, additional, long-term financial support to help LMIC governments meet the oxygen needs of COVID-19, and there are credible reports of COVID-19 patients who have have died for lack of access to oxygen.

There is now an urgent need - and a window of opportunity - to invest in access to oxygen to both reduce COVID-19 mortality and to strengthen health systems to reduce oxygen-related mortality from other causes.

The great promise of the CHAI/MCRI proposal is that it not only demonstrates that access to medical oxygen can reduce COVID-19 and other causes of mortality in India, Nigeria, Ethiopia, Kenya and Uganda, but that it inspires other countries to invest in oxygen access.

In this way, the MacArthur Foundation 100&Change investment would be the inflection point for global oxygen access; the turning point at which medical oxygen is placed on a trajectory to become accessible to everyone, everywhere.

We are living through one of the most promising periods of medical innovation in history. Scientists, companies and governments are sharing information like never before, and collaborating in unprecedented ways.

It is vital that the world does not miss this opportunity to transform access to medical oxygen.

Sincerely

Leith Greenslade
Coordinator
Every Breath Counts Coalition
https://stoppneumonia.org/every-breath-counts/

The Every Breath Counts Coalition is a public-private partnership with 47 members and a network of 800 supporters all working together to support low- and middle-income country governments to reduce deaths from pneumonia among children and adults, including from COVID-19.

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5 A recent study from Papua New Guinea found an oxygen program supported by quality improvement was associated with a reduction in overall child mortality of 40%. See Duke T, Pulsan F, Panaue D, et al. Solar-powered oxygen, quality improvement and child pneumonia deaths: a large-scale effectiveness study [published online ahead of print, 2020 Oct 16]. Arch Dis Child. 2020;archdischild-2020-320107.